

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041218

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 319Primary Registration District No. 4469Registrar's No. 57

STATE FILE NUMBER

FILED NOV 5 1962

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN STE. GENEVIEVELength of stay in 1b
LIFEc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

562 NORTH 3RD STREET

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

STE. GENEVIEVE

c. CITY
OR TOWN

STE. GENEVIEVE

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

562 NORTH 3RD STREET

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ANNA

Middle

AGNES

Last

BAUMSTARK

4. DATE
OF DEATH

Month

NOVEMBER

Day

2,

Year

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-3-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

STE. GENEVIEVE, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

JOHN GRIESHABER

13b. MOTHER'S MAIDEN NAME

MARY WILL

14. NAME OF HUSBAND ~~OR WIFE~~

EMIL BAUMSTARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JOHN BAUMSTARK, STE. GENEVIEVE, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

10 HRS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiac Decompensation

2 DAYS

DUE TO (c)

Chronic Lymphocytic Leukemia

3 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Anemia Secondary to Leukemia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-1-62 to 11-2-62 and last saw her alive on 11-2-62
Death occurred at 6:15 PM 6:15 P.M. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

11-5-1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

STE. GENEVIEVE, Mo.

24. FUNERAL DIRECTOR

ADDRESS

JEROME H. STANTON, STE. GENEVIEVE, Mo.

25. DATE RECD. BY LOCAL REG.

3 November 1962

26. REGISTRAR'S SIGNATURE

George L. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10951

209512

3

4 1

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11

12 90-0

13 1-0

2961 6 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James L. Lenton*

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.